

Summary of Benefits

Traditional Choice® Indemnity Plan

Effective 1 January 2000

Plan Provisions	Traditional Choice Indemnity Benefits Plan Benefits **
Annual Deductible	
Individual	\$200
Family	\$600
Out-of-Pocket Limit	
Individual	\$2,000
Family	\$6,000
Lifetime Maximum	Unlimited
Precertification	You handle; \$500 penalty for failure to precertify (penalty waived if you are overseas)
Preventive Care	
Physical exam and immunizations (one per calendar year)	100%, no deductible
Well-child care and immunizations Birth to age 7	100%, no deductible
Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no deductible
Mammogram (one per calendar year for women age 35 and over)	100%, no deductible
Prostate screening exam (one per calendar year for men age 40 and over)	100%, no deductible
Routine eye exam (one per calendar year)	80%, no deductible
Lenses, frames and contacts (in addition to Vision One)	100% up to a \$75 maximum benefit per calendar year per person
Routine hearing exam (one per calendar year)	100%, no deductible
Hearing aids (\$500 lifetime maximum)	100%, no deductible
Physician Services	
Office visits for treatment of illness or injury	80% after deductible
Maternity care	80% after deductible
In-office surgery	100% of first \$1,000; then 80% after deductible
Allergy testing and injections	80% after deductible
Specialists (office visits)	80% after deductible
Second surgical opinion	100%, no deductible
Hospital Services	
<i>Inpatient Services</i>	
Hospital room and board and ancillary services	80% after deductible
Preoperative testing	100%, no deductible
Lab and X-ray	80% after deductible
Surgery	80% after deductible
Physician hospital visits	80% after deductible
Anesthesia	80% after deductible
<i>Outpatient Services</i>	
Surgery	80% after deductible
Independent lab and X-ray facilities	80% after deductible
Emergency Care	
Hospital emergency room	80% after deductible
Hospital emergency room for non-emergency care	50% after deductible
Ambulance	80% after deductible

** Coverage is subject to reasonable and customary charges.

Summary of Benefits

continued

Traditional Choice Indemnity Benefits

Plan Provisions	Plan Benefits**	
Health Care Alternatives		
Convalescent facility (up to 90 days per calendar year; prior hospitalization not required)	80% after deductible	
Home health care (up to 90 visits per calendar year)	80% after deductible	
Private duty nursing (up to 70 eight hour shifts per calendar year)	80% after deductible	
Hospice (inpatient and outpatient)	100%, no deductible	
Other Health Care		
Family planning (voluntary sterilization)	100% of the first \$1,000; then 80% after deductible	
Short-term rehabilitation (60-day maximum per treatment)	80% after deductible	
Durable medical equipment	80% after deductible	
Spinal disorder (chiropractic) (20 visits per calendar year)	80% after deductible	
Mental Health Care*		
Inpatient	80% after deductible; up to 60 days per calendar year; 50% thereafter	
Outpatient (up to 45 visits per calendar year)	80% after deductible	
Substance Abuse Treatment*		
Inpatient (up to 45 days per calendar year)	80% after deductible	
Outpatient (up to 45 visits per calendar year)	80% after deductible	
* Outpatient day maximums for mental health and substance abuse are not combined.		
Prescription Drug Benefits		
Participating Pharmacy Program (30-day supply)	Participating Pharmacies	Non-Participating Pharmacies
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after \$5 copay	Not covered
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after \$15 copay	Not covered
Mail-Order Service (90-day supply)		
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after \$5 copay	
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after \$15 copay	
* If you request a brand-name drug when a generic is available, you pay the brand-name copay plus the difference between the brand-name price and the generic price. If your doctor indicates a brand-name drug is medically necessary, you pay only the brand-name copay.		
Prescriptions Purchased Overseas		
Generic drugs	100% after deductible	
Brand-name drugs	80% after deductible	

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This chart displays only a general description of your benefits under the DOD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the legal plan documents, the terms of the documents will be used to determine coverages and benefits.